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# Evolution of Occupational Therapy Practice: Life History of Sarah Nielsen, PhD, OTR/L

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Evolution of Occupational Therapy Practice: Life History of Dr. Sarah Nielsen

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**Abstract**

*Objective: The purpose of this study was to examine the life of Dr. Sarah Nielsen. It used a qualitative life history approach in order to gain an understanding of her role in the evolution of occupational therapy (OT) practice in North Dakota.*

*Method: The researchers conducted a semi-structured interview to gather information related to the research question. They transcribed the interview, analyzed the data, and unitized the information using a qualitative coding process.*

*Results: The central categories that emerged from the study highlight the role of OT in the healthcare field, decision making in practice, and character development, which was a direct result of Sarah's personal and professional experiences.*

*Conclusion: Sarah is an influential individual in the OT profession due to the variety of experiences she has had, which has allowed her to advocate and define the versatile and significant role of OT across various settings.*

**Introduction**

The purpose of this study was to examine the life of Dr. Sarah Nielsen through the use of a life history approach. The focus of this life history approach was Sarah's involvement in the evolution of OT practice in North Dakota. She is an active and influential individual in the OT profession as she has served various positions in the American Occupational Therapy Association (AOTA) and North Dakota Occupational Therapy Association (NDOTA), as well as a variety of committees at the University of North Dakota (UND). Sarah is currently an associate professor in the Department of OT at the UND. She practiced for ten years at Trinity Child Adolescent Partial Hospitalization at Trinity Health in Minot, North Dakota prior to becoming a

professor. The researchers are personally acquainted with Sarah as she is one of their professors in the OT program at UND.

This life history is one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and evolution of OT practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of occupational therapists a view of the history and how OT practice has evolved from its inception to current practice in North Dakota and Wyoming.

The life history interview was conducted in Sarah's place of residence on Tuesday, October 17, 2017 at 7 pm and lasted approximately 90 minutes. It was completed in her dining room at a large table right off of her kitchen. The environment was quiet and there were no distractions throughout the entirety of the interview.

### **Literature Review**

OT was founded in the year 1917 (American Occupational Therapy Association [AOTA], 2017a). The profession was established using an existing base of knowledge from various professions in order to establish their values, beliefs, and information (Reed, 2006). This transference of knowledge from other professions caused an identity crisis from the beginning (Reed, 2006). In 2003, the Representative Assembly set forward a motion to establish and define the values and beliefs of OT due to a lack of knowledge of the values and beliefs of the profession among current occupational therapists (Reed, 2006). In 2006, AOTA adopted the Centennial Vision, "We envision that occupational therapy is a powerful, widely recognized,

science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (AOTA, 2017a). This vision enhanced the understanding of the profession and paved the way for the future of OT. In order to enact this vision, it is essential for occupational therapists to have a strong understanding of the profession and strive to advocate.

In 2010, the Patient Protection and Affordable Care Act required certain insurance plans to cover habilitation and rehabilitation (AOTA, 2017b). This act reinforced the importance of OT in healthcare, but also reinforced the need to advocate for the profession in order to make changes. Reed and Peters (2010) state occupational therapists have increased their knowledge and understanding of the role of OT over the years, but there remains a need to correct problems faced with labor force numbers and distribution.

### **Theory**

This life history project was guided by the Kawa Model. The Kawa model was chosen to guide this project in order to focus on the life flow of the participant, their environment, attributes, and barriers (Iwama, Thomson, & Macdonald, 2009). The interconnectedness of Sarah and components of her environment is represented by elements of nature in order to better understand the complexities of her life (Iwama, Thomson, & Macdonald, 2009). An interview guided by the Kawa models allows the researchers to examine the way Sarah describes the components of her life, the impact of the interconnectedness of these components, and the major turning points in her life. This will then enhance an understanding of Sarah's life and her role in the evolution of OT.

**Description of Participant**

Information was gathered directly from Sarah during the interview process and her curriculum vitae (CV). Sarah was born and raised in a rural North Dakota town called Crosby. After high school graduation, she went on to receive higher education at UND. She graduated from UND in 2000 with a Bachelor of Science degree in Occupational Therapy with a Psychology Minor and Rehabilitation Minor. In 2002, Sarah earned her Masters of Management degree from the University of Mary. She then went on to earn her Ph.D. in Institutional Analysis and Adult/Occupational Education from North Dakota State University in 2011.

Following graduation from UND, Sarah accepted her first job as a registered OT at Trinity Child Adolescent Partial Hospitalization at Trinity Health in Minot, ND. She practiced as an OT in this setting for ten years (2001-2011) where she took on various responsibilities, such as providing OT assessments and interventions, developing programs, coordinating transition planning, overseeing educational staff, volunteers, and fieldwork students, as well as consulting with various agencies on behalf of Trinity Health. In 2007, Sarah became an adjunct faculty member for the OT department at UND where she taught the child adolescent mental health class via video conferencing from Minot for 3 days a week. She became an assistant professor in 2011, and an associate professor in 2016, which is a role that she still currently holds.

Sarah has received various honors, recognitions, and awards throughout the years. These roles included, but are not limited to: North Dakota OT of the Year (2012), AOTA Service Commendation (2015-16), Provost's Office Nomination to Participate in Emerging Leaders Training (2014), and many more. She is a member of AOTA, NDOTA, WYOTA, and Phi Theta Epsilon (OT honor society). Sarah had various responsibilities within the NDOTA organization as she served as the northwest district chair (2002-06), state secretary (2006-08), vice president

of legislation and practice (2011-2015), and was a part of the state board of occupational therapy rules revision committee (2012-14). She currently has a variety of roles and service responsibilities within the OT department, School of Medicine and Health Sciences, university, community, and state and national level organizations. Sarah has been highly involved in scholarship and research, publishing articles and chapters in books, as well as delivering presentations. Sarah has been described as passionate, hardworking, and wise by many of her students. She has demonstrated notable work as an advocate, teacher, clinical therapist, researcher, and worker. Through her commitment, work, and passion, Dr. Nielsen has positively impacted the profession of OT as it is today

### **Methodology**

The researchers used a semi-structured interview that was prepared by the project directors to promote facilitation of the interview process. The questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The researchers were allowed to modify or add interview questions as needed for each specific interview.

### *Study Design*

This study used a qualitative life history approach. This approach allowed researchers to focus on the participant's involvement in the evolution of OT practice, professional experiences, and turning points throughout her life. A qualitative life history approach allows the researchers to purposely select participants who will best be able to answer the research question, as well as emphasize the experiences of a particular individual (Bakar & Abdullah, 2008).

### *Participant Selection*

The project directors identified possible participants through purposive sampling. Sarah was assigned to the researchers from the list of participants that was developed. Initial contact was made by the course instructors with no specific gatekeeper issues. Informed consent was obtained from Sarah prior to beginning the interview process.

#### *Data Collection*

Data was collected through a semi-structured interview and Sarah's CV, which she provided prior to the interview meeting. The researchers prepared for the interview by reviewing her CV to gain a better understanding of her work experience, involvement, and accomplishments. Sarah invited the researchers to conduct the interview at her place of residence. The researchers' personal laptops were used to audio record the interview, which lasted approximately 90 minutes. The researchers used the Express Scribe (NCH Software, 2017) website to slow the audio recording and transcribe the interview verbatim.

#### *Trustworthiness*

The researchers established trustworthiness by identifying personal biases and writing reflective journals as a way of developing a decision trail throughout the study in order to increase the reliability and validity of the life history study. Use of multiple researchers and verbatim quotes supported triangulation of the study.

#### **Data Analysis**

The researchers reviewed the transcribed interview multiple times before developing codes. They paid close attention to ideas or phrases that Sarah described various times throughout the interview. Inclusion criteria for the process of code selection included concepts that related to turning points in Sarah's life and the evolution of OT. Codes were excluded if they were not emphasized multiple times throughout the interview and did not relate to the purpose of



the study. The researchers then unitized the data into 10 codes. A visual data display of the timeline is located in the Appendix. The selection of codes consisted of ideas involving advancement, generalization, ethical dilemmas, professional experiences, and influences, which Sarah discussed multiple times during the interview. From these codes the researchers were able to identify categories and themes, which assisted them to develop one main assertion. This data analysis was guided by the Kawa Model as the researchers remained focused on the flow of Sarah's life, turning points, barriers, and attributes. The interconnectedness of Sarah's life, her environment, and the evolution of OT was analyzed through the use of the coding process. With a focus on the flow of Sarah's life, researchers were able to identify pertinent information to be coded.

### **Findings/Results**

Following the coding process, there were three categories that emerged from the codes: the role of OT, decision making in practice, and character development. Four themes for each category were further identified by looking at the aspects of her life that made her who she is today and her impact on the OT profession.

#### *Category One: Role of OT*

Sarah emphasized the role of OT. As Reed (2006) stated, OT has had an identity crisis since the beginning. This indicates a need to define the role and advocate for the uniqueness and importance of OT. Sarah stressed this concept as she discussed the versatility and generalization of OT and the changes and advancement occurring in the profession. She increased her ability to define the role of OT as she had experiences in various roles as a clinical practitioner, teacher, mentor, researcher, and advocate. There were four main themes that emerged from this category.

*Theme One: There is a need for occupational therapists to become and remain generalists*

Sarah referred to the need to become and remain generalists, especially in rural areas. There are a variety of settings in which occupational therapists can work, and it is necessary to prepare practitioners to be generalists in order to be able to work across all areas.

*Theme Two: The versatility of OT allows for a placement in a variety of settings*

The need for occupational therapists to be generalists goes hand in hand with the versatility of OT. It is because of this versatility in the profession that there is a need for occupational therapists to be generalists. Sarah highlighted this concept when discussing this unique aspect of the profession:

I truly believe there is a context where, where an OT will be successful. So, if you looked at the 3 of us, we could probably say I would not, my personality, I would not be very successful in a really fast-paced, critical care unit because it would be too intense for me. And it would be, be too much. So, but I think that's the beauty. There's so many things that you can do and so I think it's a great job, and I think you just get to watch people and make progress and be happy that they're engaged and it's, it's super good.

*Theme Three: OT should be similar across all settings with a consistent basis in occupation*

The versatility of the profession indicates a need to remain consistent across settings. The role of OT may become muddled or poorly understood as it changes across settings and may not remain consistent. Sarah outlined the importance of the consistent use of occupation across settings:

I mean we are OTs and our practice should look very similar in every setting. So that's sort of why we should have occupation as our focus because we may go about it in different ways in different settings but to make sure we have a common, ya know what is OT. Ya know part of the reason people can't describe that because in hand therapy they're working on very specific little things in the hand and then you go over

to mental health and we're teaching a very specific little skill we're ya know relaxation group, but we're really not talking about occupation. So, I sort of think, that's a con. I mean if we were doing these specialized things and always connecting them to occupation I think that would be better.

*Theme Four: OT is advancing and expanding alongside healthcare reform*

OT is currently advancing in various directions. The master's level degree is now moving toward a doctorate degree, the profession is expanding, and insurance coverage is changing, as well as other changes. These advances and changes in the degrees impact the role of OT in healthcare, as well as the care the profession can provide. Sarah had a positive view of the current state of the profession and the changes occurring:

Ya so I actually think the profession is in a really good spot. And I might be the only person that, I think we have the opportunity and it's whether or not we are going to capitalize on that opportunity. So, I think we have an opportunity with the way healthcare reform and reimbursement is going to say no, we do function and that's what we do. We do engagement in occupation, that's what they're going to pay for. We know how to document it, we know how to talk about it, we know how to make recommendations. So, I think if we're willing to make the shift, I think we're in a really good position.

Sarah had insight and a vision of what OT can do to further the profession. It is essential to capitalize on the beneficial advances occurring and advocate for the impact OT makes in healthcare.

*Category Two: Decision making in clinical practice*

Decision making in clinical practice emerged from Sarah's experiences with ethical dilemmas and the decisions she made based upon her personal values. She described the struggles she had in first job as an OT and how she overcame these struggles.

*Theme One: Personal characteristics and experiences affect decision making in practice*

Sarah has been described as passionate, hardworking, and wise by many of her students and coworkers. These personal characteristics have affected her decision making in practice:

I think my attributes are that I am compassionate, and I think I, I do truly believe, and I think this comes from my memo how, experience, I truly believe that everybody, everybody has something to contribute and we're not all the same and that's a good thing. And I think we can navigate differences and collaborate.

*Theme Two: Ethical dilemmas in practice call for advocacy*

Sarah faced various ethical dilemmas throughout her time in practice. These dilemmas called for her to define the role of OT and step up to advocate. She describes this first experience with a major ethical dilemma that pushed her to be an advocate:

And I remember my first job, I think I probably told you guys that, I mean I cried every day. Because I didn't, the woman that was working there said to me it's either sink or swim, that's what she said. And I was like, what did I get myself into. But I needed a job and there weren't jobs so it's not like I was going to walk out of this job, so in the end I was kinda thankful cause it sorta pushed me to say no you can do this. And at the time they had all these kids that sat in a circle and talked. It was totally not occupation. And there were no occupational therapists there, it was a bunch of social workers and they'd have age 5 to 17 which is totally inappropriate. So, it sorta pushed me to be an advocate right away.

She faced major challenges as a young graduate in her first job that pushed her to make difficult decisions. As she navigated these dilemmas, she grew in confidence and her ability to be an advocate for change.

*Theme Three: It is important to know when to step up and make a change, and when to leave*

From the beginning of her career, Sarah vowed to not stay in a job that she didn't love. She had a desire to love the work she does, even stating that she wrote it down on a piece of paper. She referred to leaving her job as a clinical practitioner to working in academia:

Yes! I wrote it down. Like okay when you don't want to get up and go to work as much that I would leave. It just so happened that when it came time for me to make the decision to come here, I wouldn't say that I was quite at that point, but I kind of knew that I was looking for some variation and another challenge. So,

it made the decision a little bit easier.

*Theme Four: Advocacy can be done in many ways*

Advocacy in OT may be commonly perceived as advocating for clients or services. However, there are many ways in which one can advocate in the profession. Sarah acted as an advocate on many micro and macro levels. She was vice president of legislation and practice in NDOTA and worked to advocate and better the profession in the state of North Dakota. A memorable work of advocacy was her push to publish the “tip of the month” in NDOTA:

So I got different therapists in the state every month to write a little tip of the month. It was supposed to be one page, and it went out through email. And it was just, and it doesn't happen now, and I know why it doesn't happen, cause it's a lot of work. But I just felt like it was a really practical way to reach therapists in the state. And show them that, a member benefit. Because I don't think therapists in the state, if you've never been on the board of practice, you've never held a position, I don't think you understand how much the viability of OT in ND depends on volunteers and the OT association and their lobbyist, which is primarily what our dues are paying for. But I don't think that people understand that. So, it was really important to me to try to at least have people that were members understand that we are always doing something, you may not see it. So, I just felt like the tip of the month was the way.

*Category Three: Character development*

Character development was prominent throughout the interview as Sarah grew from her experiences, support, and influences throughout her life, which made her who she is today. She reflected on her first experiences as a practitioner and trying to navigate the role of OT, which greatly enhanced her confidence in her work today.

*Theme One: Tough experiences led to improved confidence in self and competency in practice*

Sarah emphasized the personal and professional growth she experienced throughout her lifetime. She transitioned from working as an entry level clinician, to advocating at her facility,

teaching academia, and also transitioning from various roles in the profession of OT across her career. These roles led to diverse experiences that developed and increased her confidence and competency in herself and in practice. This increase in confidence motivated her to return to school and further her education:

I think for my professional growth and development, that ended up being the best thing for me. Because I was the district chair, then I was the secretary, then I took a little break, and then I was the vice president of legislation of practice and it really, that I think, got me to be much more confident in my communication and much more assertive and better able to advocate for our profession. Ya know, I really got a sense of understanding of what opportunities are out there that maybe we don't all know. And I got an understanding who are all the therapists in the state were, so if I needed something or somebody needed something, I probably knew who they, I could figure out who they were pretty quick. And um, and then from that, ya know, I got enough confidence that I decided that I would, um, well I had gone back to school in the middle of that too

*Theme Two: Different roles in OT allowed Sarah to understand a variety of other perspectives*

The various roles Sarah has had throughout her career are vast and varied. These roles have increased her understanding of different perspectives, which in turn has had students referring to her as “wise”. She described this characteristic stemming from her diverse experiences in the roles she has held. An important role that impacted Sarah before she had even entered OT was her volunteer role working with an individual with a disability in the community. She reflected on the impact this individual had on personal growth and understanding:

She had difficulty with grocery shopping and things like that. And whenever we were in the community, and it meant so much, it taught me, I think compassion, but it really taught me about the person and what, what is their experience like. Like we will generally have, have led relatively, you know, I wouldn't say privileged, but we've probably had everything that we, you know, we've had the basics of what we need.

And to, to actually work with somebody who does not have, has not always experienced being treated with dignity, and compassion, not been able to engage in life fully was the most meaningful learning experience to me ever because it helped me to really understand, even though it wasn't even an OT course, I'm like, I really had an understanding for what does it mean to live in a society where you have a disability, or you have a different sense than somebody else and making sure that it's accessible. Anyway, that's what sticks out to me in my entire college career as the most beneficial learning experience.

*Theme Three: Her experience in unethical and undeveloped OT roles enabled her to define herself and the OT profession*

Sarah's role as a clinical OT enhanced her understanding of the profession and allowed her to advocate for OT in the facility in which she worked. She made changes over time to develop and refine the role of OT, ensuring the use of occupation-based practice was present throughout the sessions:

I got to develop my own programing, I got to make sure, as time went on I really saw the value of occupation-centered, so sometimes, you know, we would have ten minutes of skills and now we are going to do it in this, in this occupation, and we are going to actually develop there and do things. And I enjoyed that opportunity to, to develop and refine and make the programming better

*Theme Four: Support and influences impacted her ability to thrive in work and life*

Sarah had many supports and influences throughout her life. She was close to her family and was influenced by her teachers, advisors, and mentors. She was also influenced by clients that she had worked with. Sarah had a touching memory of being invited to a client's graduation:

I got a call from a person I worked with, and it was, they had a person on the phone, and it was a kid a worked with over those 11 years. Which at many different developmental points I worked with him. And they were graduating from high school and they wanted me to come. And it was so thoughtful because they wanted to tell me how helpful it had been to work with me

The invitation to a graduation of a previous client she worked with demonstrated the effect that OT can have, even if you aren't able to see it at the time. Sarah had an impact on the people she worked with and in return, was impacted by the people she worked with.

### **Discussion/Conclusion**

Dr. Sarah Nielsen has been an influential individual in the OT profession through her involvement and advocacy practices during her years as an OT. She has positively impacted the profession through her notable work as an advocate, teacher, clinical therapist, researcher, and worker. Individuals acquainted with Sarah have characterized her as passionate, hardworking, and wise.

Sarah described OT as a versatile and unique profession in which therapists must be generalists, retain a basis in occupation, advance and expand the profession, and value the significant role OT has in healthcare. She explained the impact personal characteristics and experiences has had on her decision making in practice, ethical dilemmas pushing her to advocate, knowing the importance of loving your job and knowing when it is time to leave, and the variety of ways advocacy can be carried out. Additionally, Sarah recounted on tough experiences that led to improved self-confidence and competence in herself and practice, the various roles she had that allowed for a greater understanding of different perspectives, defining herself and the OT profession due to unethical and undeveloped OT roles, and support and influences that impacted her ability to thrive and work. Reed (2006) discussed the identity crisis that the OT profession experiences due to the establishment of knowledge used from other various professions. Sarah emphasized this idea when she discussed the difficulties she experienced when defining the profession in undeveloped OT roles. The AOTA Centennial Vision emphasizes the need for advocacy in order to create a powerful, science-driven and



evidence-based profession (AOTA, 2017a). Sarah reciprocated the same message when she illustrated the diverse opportunities and reasons to advocate for the identity of OT and the profession itself.

The overall assertion that was developed emphasized the main elements that Sarah discussed during the process of the interview, which included the role of OT, decision making in practice, and character development. Dr. Sarah Nielsen is an influential individual in the OT profession due to her past experiences and influences, which has enabled her to advocate and define the versatile and significant role of OT across various settings.

### **Acknowledgements**

We would like to thank Dr. Sarah Nielsen for her time spent participating in this study and her dedication to the profession of OT.

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APPENDIX

Life History Data Display of Sarah Nielsen  
By: Ashley Ystaas, OTS and Sarah Schwartz, OTS

Categories	The Role of OT	Decision Making in Practice	Character Development
<b>Codes</b>	<ul style="list-style-type: none"> <li>· Versatility</li> <li>· Changes</li> <li>· Advancement</li> <li>· Generalization</li> </ul>	<ul style="list-style-type: none"> <li>· Ethical Dilemmas</li> <li>· Values</li> </ul>	<ul style="list-style-type: none"> <li>· Professional Experiences</li> <li>· Personal Growth</li> <li>· Support</li> <li>· Influences</li> </ul>
<b>Themes</b>	<ol style="list-style-type: none"> <li>1. Become &amp; remain generalists</li> <li>2. A basis in occupation</li> <li>3. Advancing &amp; expanding alongside healthcare reform</li> <li>4. Versatility of OT allows for placement in a variety of settings</li> </ol>	<ol style="list-style-type: none"> <li>1. Personal characteristics &amp; experiences affect decision making in practice</li> <li>2. Ethical dilemmas in practice call for advocacy</li> <li>3. It is important to know when to step up &amp; make a change &amp; when to leave</li> <li>4. Advocacy can be done in many ways</li> </ol>	<ol style="list-style-type: none"> <li>1. Tough experiences led to improved confidence in self &amp; competency in practice</li> <li>2. Different roles in OT allowed for an understanding of other perspectives</li> <li>3. Unethical &amp; undeveloped OT roles enabled her to define herself &amp; OT</li> <li>4. Support &amp; influences impacted her ability to thrive &amp; work</li> </ol>
<b>Assertion</b>	Dr. Sarah Nielsen is an influential individual in the OT profession due to her past experiences and influences, which has enabled her to advocate and define the versatile and significant role of OT across various settings.		